

4392

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 127

Place of Birth **MIAMI** County **GILA** No. St.

SEX OF CHILD * **MALE** Twin Triplet or other? and Number in order of birth

DATE OF BIRTH **APRIL 8 1916**
(Month) (Day) (Year)

FULL NAME **JOSE R. MUNGARY** FATHER

FULL MAIDEN NAME **CECILIA CASTOR** MOTHER

I HEREBY CERTIFY that the child described herein
has been named

VICTOR CASTOR MUNGARY
(Give name in full) (Surname)

X Cecilia Castor de Mungary
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
5M 5/20/41

548-409-339